

FISCAL IMPACT STATEMENT

Indicate the **Total Fiscal Impact** of the action requested, including personnel, operating, and capital costs. Indicate costs for the current fiscal year and continuing costs in future years. Include all related costs necessary to place the asset in service.

1. DESCRIPTION: OFD is applying for the FY2015 Assistance to Firefighters Grant (AFG). The total project cost is \$205,000. This is for \$180,000 for Chest Compression Devices and \$25,000 for community paramedicine training. If awarded, there is a 10% match required for this grant which will come from OFR 0006 C. The grant would provide \$184,500 and OFD would fund \$20,500. There is no fiscal action required at this time as this is just the application to apply for the grant. If awarded, OFD will resubmit to Council and request the appropriate budgeting.

COSTS:

2. Does the acceptance of this action require the hiring of additional or new personnel or the use of overtime?
☐ Yes ☒ No (if Yes, include all personnel costs below).

3. Is the action funded in the current year budget and/or through reallocation of existing Department resources:
☒ Yes ☐ No If No, how will this item be funded? _____ PLEASE NOTE: If the action is funded by a grant received by the City please include the fiscal year of the funding award, grantor name, granting agency or office name (if any), grant name and when the grant agreement was approved by City Council.

Did this item require BRC action? ☒ Yes ☐ No If Yes, BRC Date: Will be placed on a BRC agenda if the city is awarded the grant. BRC Item #: TBD

4. This item will be charged to Fund/Dept/Program/Project: Award in grant fund 1130; match in OFD OFR 0006 C.

5.	(a) Current Year Estimate	(b) Next Year Annualized	(c) Annual Continuing Costs Thereafter
Personnel	\$2,500	\$0	\$0
Operating	\$	\$	0
Capital	<u>\$18,000</u>	<u>\$0</u>	<u>0</u>
Total	<u>\$20,500</u>	<u>\$0</u>	<u>0</u>

6. If costs do not continue indefinitely, explain nature and expiration date of costs: Cost to purchase equipment and provide training.

7. OTHER COSTS

(a). Are there any future costs, one-time payments, lump sum payments, or other costs payable for this item at a later date that are **not** reflected above: ☐ Yes ☒ No

(b) If yes, by Fiscal Year, identify the dollar amount and year payment is due: \$ 0 Payment due date 0

(c) What is the nature of these costs: N/A

REVENUE:

8. What is the estimated increase in "valuation" added to the tax rolls? \$ 0. Tax roll increase is:
☐ real property, ☐ tangible personal property, ☐ other (identify _____).

9. What is source of the revenue and the estimated annual recurring revenue? Source: N/A \$ 0

10. If non-recurring, what is the estimated Fiscal Year and amount of non-recurring revenue that will be realized?
Source N/A Fiscal year N/A \$ 0 non-recurring revenue

11. What is the Payback period? 0 years

12. JUSTIFICATION: Document justification for request. Include anticipated economies or efficiencies to be realized by the City, including reductions in personnel or actual cost (cash flow) reductions to be realized in your budget. OFD is applying for the FY2015 Assistance to Firefighters Grant (AFG). The total project cost is \$205,000. This is for \$180,000 for Chest Compression Devices and \$25,000 for community paramedicine training. If awarded, there is a

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13. APPROVED: Roderick Williams (Submitting Director or authorized Division Mgr **Only**)

FIS 3/14/08